



AMENDED
State of Washington 1-19-00

Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

G329939

AMENDED 4-24-01 - 2nd time

For Ecology Use

Fee Paid \$10.00

Date 4/23/96

ck # 2755

Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name ~~Doag & Jan Fletcher~~ ~~EARL & JERRY MANROE~~ *SEE label below Home Tel: (509) 346 - 1226
Mailing Address 8207 LOWER CRAB CREEK RD. Work Tel: () -
City ROYAL CITY State WA Zip +4 99357 + FAX: () -

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☒ Same as above

Name Same as above * EDWARD KEY
Mailing Address SHELLEY KEY
8331 LOWER CRAB CREEK ROAD SW
City ROYAL CITY, WA 99357 Phone: 509 346-1402
Relationship to applicant

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 200 gpm (200 gpm) (☒ gallons per minute or ☐ cubic feet per second) from a ☐ surface water source or ☒ ground water source (check only one) for the purpose(s) of IRRIGATION & LIVESTOCK. Attach a "legal" description of the place of use. (See instructions.) NOTE: A tax parcel number or a plat number is not sufficient.

Estimate a maximum annual quantity to be used in acre-feet per year: 200 gpm 4-23-96

SEASONAL IRRIGATION FOR 50 ACRES AND STOCK WATERING

☐ Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed:

From / / to / /

Section 4. WATER SOURCE

If SURFACE WATER						If GROUNDWATER		
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:						A permit is desired for 2 (TWO) well(s). ONE WELL EXISTING WELLS		
Number of diversions:						AMENDED ON 4-24-01 (per applicant's request)		
Source flows into (name of body of water):						Size & depth of well(s): 3 FOOT CASING 17 FOOT STATIC LEVEL 35' DEEP		
LOCATION						#2 3' X 55' 15 4-23-96		
Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: Well is located 3900 ft west of the Northeast corner of Section 34, Township 16, North Range 25 E.W.M.								
Well #3	1/4 of NE 1/4	Section 34	Township 16	Range (E/W) 25E	County GRANT	If location of source is platted, complete below:		
	NE 1/4	NW 1/4	34	16	25E	GRANT	Lot	Block
	NE 1/4	NE 1/4	34	16	25E	GRANT		
For Ecology Use Date Received: 4-23-96 Priority Date: 4-23-96								
SEPA: Exempt/Not Exempt FERC License # Dept. Of Health #								
Date Accepted As Complete 4-30-96 By LK Date Returned By WRIA: 41								

Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: _____
- B. Briefly describe your proposed water system. (See instructions.)
 the existing ^{#1} well is documented for 10 acres -
 would like to increase that to an additional 50
 for a total of 60 acres for a 240 acre foot
 with draws / ^{#2} well 486-D - 25 ac - 400 gpm - 100 ac ft. wants to use
 either well.
- C. Do you already have any water rights or claims associated with this property or system? ☒ YES ☐ NO
 PROVIDE DOCUMENTATION.

Documentation enclosed.

Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION
 (Completed for all domestic/public supply uses.)

- A. Number of "connections" requested: _____ Type of connection _____
 (Homes, Apartment, Recreational, etc.)
- B. Are you within the area of an approved water system? ☐ YES ☐ NO
 If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by
 your County Health Department.

Complete C. and D. only if the proposed water system will have fifteen or more connections.

- C. Do you have a current water system plan approved by the
 Washington State Department of Health? ☐ YES ☐ NO
 If yes, when was it approved? _____ Please attach the current approved version of your plan.
- D. Do you have an approved conservation plan? ☐ YES ☐ NO
 If yes, when was it approved? _____ Please attach the current approved version of your plan.

Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION
 (Complete for all irrigation and agriculture uses.)

- A. Total number of acres to be irrigated: ~~50~~ 50 EOR 4-23-96
- B. List total number of acres for other specified agricultural uses:
- | Use | Acres |
|-----|-------|
| Use | Acres |
| Use | Acres |
- C. Total number of acres to be covered by this application: ~~50~~ 50 EOR 4-23-96
- D. Family Farm Act (Initiative Measure Number 59, November 3, 1977)
 Add up the acreage in which you have a controlling interest, including only:
 ‡ Acreage irrigated under water rights acquired after December 8, 1977;
 ‡ Acreage proposed to be irrigated under this application; 60
 ‡ Acreage proposed to be irrigated under other pending application(s).
- Is the combined acreage greater than 2000 acres? ☐ YES ☒ NO
 - Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☒ NO
 If yes, enter permit no: _____
- E. Farm uses:
 Stockwater - Total # of animals 24 Animal type CATTLE (If dairy cattle, see below)
 Dairy - # Milking _____ # Non-milking BEEF

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Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

☐ YES ☒ NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

APPROX 3/4 OF MILE WEST OF SMYRNA, WA
SOUTH SIDE OF ROAD
50

Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

See attached Map No 3

Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used?

☒ YES ☐ NO

If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

B. Does the applicant own the land on which the water source is located?

☒ YES ☐ NO

If no, submit a copy of agreement:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

Earl Thomas
Applicant (or authorized representative)

4-18-96
Date

Same
Landowner for place of use (if same as applicant, write "same")

Date

I have examined this application as required by SRA and find that it is: ☐ not an "action".

☒ categorically exempt.

4/30/96
DATE

L. Kiefer
SIGNATURE

APPLICATION

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

We are returning your application for the following reason(s):	
_____ Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98503-0210
_____ Section number(s) _____ is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:	
Please provide the additional information requested above and return your application by _____ _____ (date).	

Ecology staff _____ Date _____

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).